

Attention: OCME Records

I am the _____ and legal next of kin of _____
RELATIONSHIP FULL NAME OF DECEDENT

who died on the date of _____. I am requesting a copy of the following reports:

____Autopsy Report

____Medical Examiner's Report

____Toxicology Report

These report copies are to be mailed to:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Your Contact Phone Number: _____

Your Printed name (REQUIRED): _____

Your Signature (REQUIRED): _____ Date (REQUIRED): _____

Please mail form to the appropriate OCME District office

Central District

400 East Jackson Street
Richmond, VA 23219
804-786-3174
FAX 804-371-8595

Northern District

10850 Pyramid Place
Suite 121
Manassas, VA 20110
703-530-2600
FAX 703-530-0510

Tidewater District

830 Southampton Ave.
Suite 100
Norfolk, VA 23510
757-683-8366
FAX 757-683-2589

Western District

6600 Northside High School Rd
Roanoke, VA 24019
540-561-6615
FAX 540-561-6619

Payments for records must be made with certified funds.

(i.e., certified check, cashier's check, money order, etc.).

Please make checks payable to Virginia State Department of Health.

Please see the table below for the proper payment.

Requests for Reports in Person

When reports are requested in person, the request may or may not be processed depending on what reports are available. Normally several business days are needed to process requests.

Charges for Reports

| | |
|-----------------------------|---------|
| Families | \$40.00 |
| Insurance Companies | \$50.00 |
| Private Attorneys/Subpoenas | \$75.00 |
| Search Fee | \$10.00 |

All Charges for Reports are flat fees for the requestor whether one or all reports are requested, at one time or separate occasions.